241621

STATE OF SOUTH CAROLINA  (Caption of Case)  Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo  ACSR Inc DBA Active Day of Low Country  COPY  Posted: Lod  Dept: AA /ORS  Date: 11/2/13			) ) ) ) ) (S) ) If	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  TRANSPORTATION COVER SHEET  DOCKET NUMBER: 2013 - 357 - T  If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned		
(Please type or print)						
Submitted by:		John Paravisini		elephone	:	215-642-6600
Address:		6 Neshaminy Interplex Suite 401	Fa	ax:		215-642-6610
		Travers DA 40000	0	ther:		
NOTE: The second		Trevose PA 19053		Email:		jparavisini@activeday.com
NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.  NATURE OF ACTION (Check all that apply)						
OTACTION (Check an that apply)						
	Application -	- Class C Taxi				Request to Amend Scope of Authority
	Application -	- Class C Charter	CEIV	E		Request to Amend Tariff (rate increase, etc.)
	Application -	Class C Charter Bus		-		Request to Amend Passenger Limit
	Application -	Class C Non-Emergency	)V 122	L	]	Request
	Application -	Class E Household Goods	PSC S MAIL / D	oms [	]	Exhibit
	Application -	Class E Hazardous Waste			]	Late-Filed Exhibit
	Application				]	Letter
	Request for E	xtension to Comply with Order			]	Proposed Order
	Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded				]	Publisher's Affidavit
	Request for C	ancellation of Certificate			]	Reservation Letter
	Request for Suspension				]	Response
	Request for R	einstatement			]	Return to Petition
	Request for N	ame Change on Certificate			]	Other:

## **CLASS C AMENDMENT FORM** File the original with: Mail or fax a copy to: **Public Service Commission of South Carolina** S.C. Office of Regulatory Staff Clerk's Office **Transportation Department Motor Carrier Matters** 1401 Main Street, Suite 900 P.O. Box 11649 Columbia, S.C. 29201 **Columbia, S.C. 29211** (803) 737-0578 (803) 896 - 5100 FAX (803) 737-0815 FAX (803) 896-5199 DATE: <u>11-7-2013</u> I have the following Certificate: Class C Taxi # \_\_\_\_ Class C Charter # \_\_\_\_ Class C Charter Bus #\_\_\_\_\_ Class C Non-Emergency # 2013-357 #8/19/2 Please consider this as my request for the following amendment(s) to my Certificate: Name Change From:\_\_\_\_\_\_ DBA: \_\_\_\_\_ (Current Name) (Current DBA if applicable) (New Name) (New DBA if applicable) Scope of Authority From: Berkley & Charleston Counties To: State Wide (Current Scope) (New Scope) Passenger Limit From:\_\_\_ \_\_\_\_\_\_\_To: (Current Limit Number) (New Limit Number) ACSR Inc DBA Active Day of Low Country 6 Neshaminy Interplex Suite 401 Name & DBA if DBA is applicable) (Street and/or Mailing Address) Trevose PA 19053 (City, State, Zip Code) (Signature)

215-642-6600

(Telephone Number)

(Title) Owner, President, etc.